Transitioning Offenders From Prison to Community

The Role of Substance Abuse and Mental Health Treatment Providers on Transition Accountability Teams

Wednesday, May 19
4:00 – 5:15 p.m.

- Overview of offender transitioning and the TAP concept
- The role of Probation & Parole field officers
- Substance abuse services in DOC
- The role of community-based substance abuse treatment providers
- Mental health services in DOC
- The role of mental health professionals and community agencies
- Questions

Common Clientele

- 30.4% of prison releases in 2002 received services from the Department of Mental Health during their first 12 months of release.
- 23.7% of prison admissions during 2003 received services from the Department of Mental Health during the 12 month period prior to their incarceration.
- 25.9% of new probationers during 2002 received services from the Department of Mental Health during the first 12 months of their probation period.

Transition Overview

Missouri

Department of Corrections

Scott Johnston

Acting Chief State Supervisor
Board of Probation & Parole

Missouri's TPCI

- TPCI model developed by Abt. Associates and NIC
- Not a "program," but a way of doing business
- Demands collaboration both inside and outside DOC in order improve reentry practices
- Partnering agencies find smarter ways to work together toward common goals

Recidivism: Whose problem is it?

Cabinet Collaboration

- **On August 21, 2002, DOC Director Gary Kempker held an informational breakfast meeting with directors from:**
  - *Department of Mental Health*
  - *Department of Social Services*
  - *Department of Health & Senior Services*
  - *Department of Economic Development*
  - *Office of State Courts Administrator*
  - *Governor's Office*
- **All agencies agreed to participate on the transition from prison to community steering team.**

What Factors Correlate With Returns to Prison in Missouri?

Ranking	Classification Score on Release	Correlation (r^2)	Range %	Correlation	Range
1	Employment at First Need Score	0.9987	43.6%	1	1
2	Vocational score on release	0.9740	22.0%	3	4
2	Substance Abuse at First Need Score	0.9586	25.1%	4	3
2	Work score on release	0.9342	28.7%	5	2
3	Mental Health score on release	0.9075	16.8%	6	5
4	Social at First Need Score	0.9944	9.4%	2	9
5	Family at First Need Score	0.8909	12.0%	7	7
6	Finance at First Need Score	0.5940	12.2%	9	6
7	Educational Score on Release	0.5981	9.5%	8	8

Transition Planning

- **While many agencies hold a stake in the transition process, their priorities, policies, and procedures relating to transition are often inconsistent or even counterproductive;**
- **When offenders are released to community supervision, too often there is little continuity between prison programs and activities, reentry plans, and the type of supervision and services they receive upon release.**

The TAP

- **The Transition Accountability Plan (TAP) and pre-release planning process**
  - **Begins early**
  - **Creates offender-specific Transition Accountability Teams both inside and outside the institution**
  - **Assigns responsibilities, includes family and significant others**
  - **Gets information to the right people at the right time.**

The TAP

- DOC Institutional Staff
- Offender
- Family
- Other government agencies
- Social Support Agencies

INFORMATION

Transition Accountability Plan

Passing the Baton of Accountability

- DOC Field Staff
- Offender
- Family
- Other government agencies
- MH and SA Treatment Providers
- Social Support Agencies

Your Role in the Transition Accountability Plan (TAP)

Role of the Field Officer in Transition Accountability

- **Prior to referral, obtain a signed authorization to disclose confidential information** (compliant with HIPAA and 42 CFR Part 2) **that will remain in effect during the course of treatment.**
- **When referring for substance abuse intervention, refer for ASSESSMENT first, then collaborate with the treatment provider to determine the appropriate level of care.**

Role of the Field Officer in Transition Accountability

- **Report to the treatment provider any positive urine drug test(s) administered during the course of treatment.**
- **Inform the provider of significant changes in the client's supervision status.**

Role of the Field Officer in Transition Accountability

- **Contact the provider at least once per calendar month about progress in treatment and any issues that arise with regard to probation or parole supervision.**
- **Be available in person or by phone to participate, as needed, in assessment, treatment planning, consultation, treatment interventions, and discharge planning.**

Substance Abuse Treatment

in the

Department of Corrections

Marta V. Nolin, Ph.D.
Assistant Director
Division of Offender Rehabilitative Services

Substance Abuse

- Of those who return to prison for a new conviction, 31% are returned for a new drug conviction and 16% are returned for a new DWI conviction-- **47% total**.

Summary of Substance Abuse Services

- Nine Institutional Treatment Centers—2,900 beds
- Two Intermediate treatment programs—165 beds
- One 30-day relapse program—30 beds
- Eight substance abuse education programs

FY02 Institutional Treatment Centers

11,099 offenders entered ITCs

- **75 % completed treatment**
- **93.6 % of completions released to probation or parole**
- **7.4 % of completions remained incarcerated**

Types of ITC Programs

- Long Term (12 Month) Therapeutic Community
- Six Month Therapeutic Community
- Short Term (12 Weeks) Institutional Treatment

ITC Services

- Assessment
- Group Counseling
- Psycho-educational Groups & Lectures
- Limited Individual Counseling
- Offender Management Team Interventions

12 Month Programs

- Maryville Treatment Ctr—525 Beds
- Ozark Drug Treatment—650 Beds
- Women's Eastern Tx Center—90 Beds
- Missouri State Penitentiary*

**Most participants are voluntary*

Six Month Programs

- Western Regional Treatment Center
  - Offenders Under Treatment Program
  - Board Substance Abuse Program
- Women's Eastern Treatment Center
  - Offenders Under Treatment Program

Short Term Treatment Programs

- Boonville Treatment Center (60 Beds)
- Cremer Therapeutic Comm Ctr (180 Beds)
- Farmington Treatment Ctr (255 Beds)
- Mineral Area Treatment Ctr (100 Beds)
- Western Regional Treatment Ctr (150 Beds)
- Women's Eastern Treatment Ctr (150 Beds)

Intermediate Programs

Services

- Group Counseling
- Weekly Individual Counseling
- Psycho-educational Groups
  - Locations
    - Western Reception Diagnostic Center
    - Tipton Correctional Center

Substance Abuse Education

- Didactic Lectures & Discussion (40 hours)
- Eight Remaining Programs
  - Algoa, Chillicothe, Church Farm, Tipton Missouri Eastern, Moberly, South Central, St. Joseph

TPCI Implementation Plans

DORS & ADA Partnership Facilitates Planned Clinical Services Enhancements

Impact of Senate Bill 5 on TPCI

- Determine the nature, type, intensity & duration of substance abuse services
- Ability to implement evidence-based clinical practices for treatment program placement through assessment- based services recommendations

TPCI Implementation in Substance Abuse Services

- **Effective July, 2004, offenders court mandated for treatment will receive more thorough assessment in Diagnostic Centers**
- **Addiction Severity Index (ASI) & Readiness for Change Questions (RCQ) are subtests of the Initial Standardized Assessment Protocol (ISAP).**

Proposed Revisions to DMH/ADA Certification Standards for Institutions

- Addition of expectations regarding facilitating offender transition into community
- Revision of standards for institutional programs (in light of tight budgets) to afford greater opportunity for them to become certified.
- Per policy, all ITCs will be expected to pursue, achieve, and maintain program certification.

Role of the Community Substance Abuse Treatment Provider

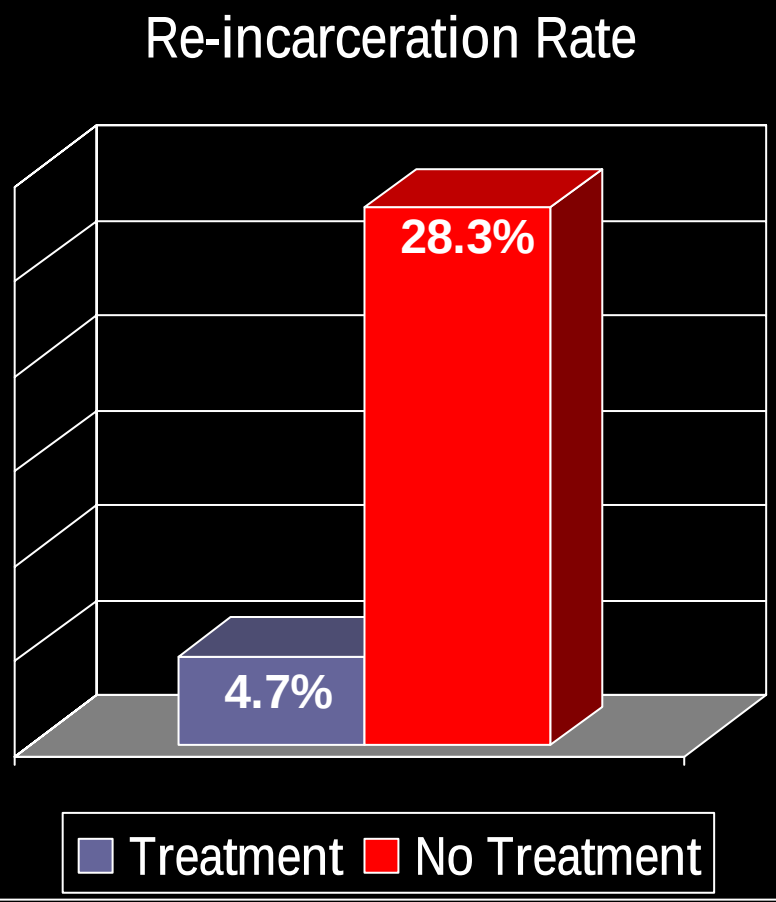
Mark Stringer, MA, LPC, NCC

Deputy Director

Missouri Division of Alcohol & Drug Abuse

Substance Abuse

- **8,468 offenders with known (classified) substance abuse problems were released during the five-year period from FY 1998-2002:**
  - *Of those that received both institutional and community treatment, **4.7%** returned to prison within the first year*
  - *Of those that did <u>not</u> receive substance abuse treatment, **28.3%** returned within the first year*



Missouri's Community-based Substance Abuse Treatment System

- **Traditional Residential Programs:**
  - **Detoxification**
  - **Residential treatment**
- **Outpatient Treatment**
- **SATOP**
- **OTP**
- **CSTAR**
- **FUTURE: MENU OF SERVICES**

Access to Recovery Grant?!

Role of the Community Substance Abuse Treatment Provider

- **Individuals referred for substance abuse treatment from DOC should be expected to sign authorization(s) to disclose clinically appropriate information to the referring officer.**
  - Authorizations must meet federal requirements of HIPAA as well as those pertaining to confidentiality of alcohol and drug abuse records (42 CFR Part 2).
  - If an individual refuses to authorize disclosure of clinically appropriate information, or at any time during treatment revokes such consent, then the client's course of treatment cannot be verified by the Department of Corrections and will not satisfy conditions of probation or parole.

Role of the Community Substance Abuse Treatment Provider

- **Consult with the referring officer during assessment, treatment planning, and discharge planning, either in person or by phone.**
- **Involve the offender, referring officer, and family in defining "successful completion of treatment."**

Role of the Community Substance Abuse Treatment Provider

- **Inform the referring officer of any missed appointments, positive urine drug screens, or failure to comply with the treatment plan.**
- **Inform the referring officer of any obstacles to treatment (transportation, money for medication, unsafe home environment, etc.).**

Role of the Community Substance Abuse Treatment Provider

- **Inform the referring officer of the anticipated discharge date and the actual discharge date.**
- **Provide the referring officer with a discharge summary.**

Role of the Community Substance Abuse Treatment Provider

- **Individuals under probation or parole supervision may not receive treatment services from a mental health or substance abuse professional (or trainee) who within the past two years has been under supervision of any federal, state, county, or city correctional department.**

Mental Health Treatment

in the

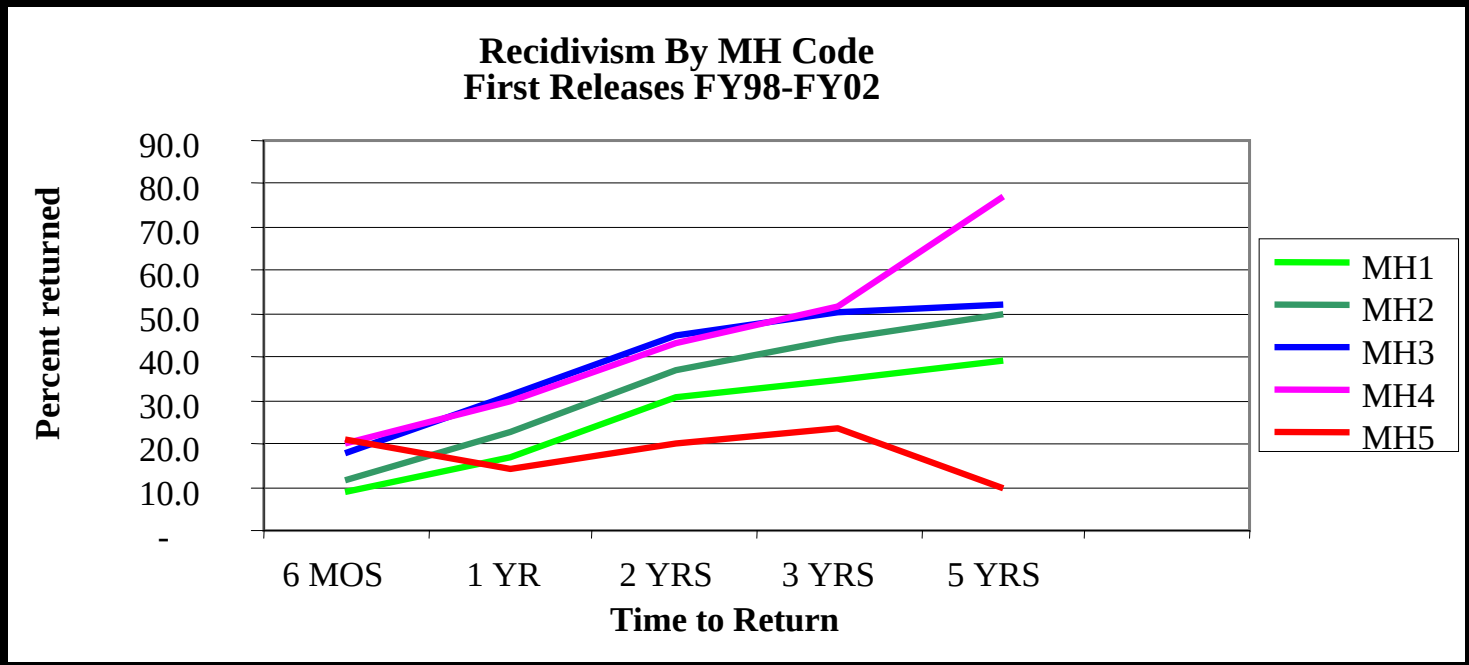
Department of Corrections

Dr. Mariann Atwell

Chief of Mental Health Services

Mental Health

The re-incarceration rate is higher for offenders with mental illness (MH Score 3 or 4)



Overview of Mental Health Treatment

- MoDOC operates 22 facilities across the State, each with mental health staff responsible for the mental health needs of the offender population
  - There are approximately 31,200 offenders within MoDOC facilities
  - An estimated 4,300 offenders (13.8%) have been identified as suffering from significant mental illness

Overview of Mental Health Treatment

- **All offenders sentenced to MoDOC are seen by a qualified mental health professional at one of four Reception & Diagnostic Centers**
  - WERDCC (Vandalia)
  - ERDCC (Bonne Terre)
  - WRDCC (St. Joseph)
  - FRDC (Fulton)

Overview of Mental Health Treatment

- Mental health staff are responsible for mental health assessment of all offenders within 14 calendar days of admission
- Information gathered during the mental health assessment identifies mental health service needs of each offender

STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS

INITIAL CLASSIFICATION ANALYSIS (ICA) – MENTAL HEALTH (MH) NEEDS

OFFENDER NAME	DOC NUMBER	DATE OF BIRTH

INSTRUCTIONS: "X" APPROPRIATE LEVEL AND ENTER THE MH-SCORE

☐ **MH-5 SEVERE FUNCTIONAL IMPAIRMENT DUE TO MENTAL HEALTH DISORDER** (To be completed by Qualified Mental Health Professional)

Offender requires intensive psychiatric treatment at the Biggs Correctional Unit (BTCU) or Corrections Treatment Center (CTC), **or,**
Offender requires frequent mental health contacts, psychotropic medications and a structured living unit in a correctional institution
All clinical criteria below **must** apply:

- Offender's current mental status shows severe impairment in reality testing ability due to psychosis, major affective disorder, organic cognitive disorder and/or severe borderline disorder,
- Offender is imminently dangerous to self or others as a result of a mental disorder, and,
- Offender's mental disorder requires psychotropic medication (although may refuse to take it)

☐ **MH-4 SERIOUS FUNCTIONAL IMPAIRMENT DUE TO A MENTAL DISORDER** (To be completed by Qualified Mental Health Professional)

Offender requires intensive or long-term inpatient or residential psychiatric treatment at the Social Rehabilitation Unit (SRU), Corrections Treatment Center (CTC) or Women's Social Rehabilitation Unit (WSRU) **or,**
Offender requires frequent psychological contacts and psychotropic medications to be maintained in a general population setting
All clinical criteria below **must** apply:

- Offender's current mental status shows severe impairment in reality testing ability due to psychosis, major affective disorder, organic cognitive disorder and/or severe borderline disorder,
- Offender is gravely psychologically disabled due to a mental disorder or mental retardation,
- Offender is **not** imminently dangerous to self or others as a result of a mental disorder, and,
- Offender's mental disorder requires psychotropic medication (although may refuse to take it)

☐ **MH-3 MODERATE LEVEL OF MENTAL HEALTH TREATMENT NEEDS** (To be completed by Qualified Mental Health Professional)

Offender requires regular psychological services **and/or** psychotropic medication in a general population setting
All clinical criteria below **must** apply:

- Offender's current mental status **does not** show any impairment in reality testing ability,
- Offender is **not** imminently dangerous or gravely disabled due to their mental disorder, and,
- Offender's mental disorder requires psychotropic medication (although may refuse to take it)

☐ **MH-2 MILD LEVEL OF MENTAL HEALTH TREATMENT NEEDS** (To be completed by Qualified Mental Health Professional)

Offender may benefit from brief episodes of counseling or psychotherapy. Offender can be maintained in a general population setting.
Clinical Criteria ("X" all that apply)

☐ Offender experiences mild or minor mental disorder symptoms that can be treated with psychological interventions
☐ Offender's social history contains evidence of a suicide attempt or psychiatric hospitalization within the last 1 year

☐ **MH-1 NO CURRENT MENTAL HEALTH TREATMENT NEEDS** (To be completed by Qualified Mental Health Professional)

Offender **does not** require any routine mental health services. Offender is not requesting any mental health treatment.
Offender can be maintained in general population setting.
Clinical Criteria ("X" all that apply)

☐ Offender is **not** seeking mental health treatment
☐ Offender's social history **does not** contain evidence of suicide attempt or psychiatric hospitalization within the last 1 year

MH - SCORE ►	

SIGNATURE OF SCORER

TITLE OF SCORER	DATE

Overview of Mental Health Treatment

- **Specialized Mental Health Unit Facts**
  - **Biggs Correctional Treatment Unit – BCTU (Fulton):**
    - **42 treatment beds – 30 males & 12 females**
    - **Acute psychiatric evaluation & treatment for dangerous & gravely disabled offenders with mental illness**
    - **All offenders at BCTU are committed to MoDOC; treatment time is counted against sentence**
    - **114 admissions in FY 2003**

Overview of Mental Health Treatment

- **Correctional Treatment Center – CTC (Farmington):**
  - 20 male treatment beds
  - Psychiatric treatment center for offenders with serious psychiatric symptoms
  - Typically, these offenders demonstrate chronic mental illness & require moderate to long-term care with medication maintenance and monitoring
  - 6 admissions in FY 2003

Overview of Mental Health Treatment

- **Social Rehabilitation Unit – SRU (Farmington):**
  - 200 male treatment beds
  - Considered a transitional living program for mentally ill / disordered offenders who are stabilized on their medications and whose level of psychosocial functioning is so impaired that a sheltered corrections housing unit is required
  - 89 admissions in FY 2003

Overview of Mental Health Treatment

- **Special Needs Unit – SNU (Potosi):**
  - 46 male treatment beds
  - Accepts only C-5 (maximum-security) offenders
  - Treatment is targeted at developmentally disabled or intellectually deficient offenders with sever behavioral problems
  - 16 admissions in FY 2003

Overview of Mental Health Treatment

- **Women's Social Rehabilitation Unit – WSRU (Vandalia):**
  - 30 female treatment beds
  - Treats the acute and chronic mental health care needs of MoDOC women offenders. By utilizing a series of treatment levels, offenders are gradually prepared to re-enter general population placement
  - 38 admissions in FY 2003

Overview of Mental Health Treatment

- **Facility mental health staff are responsible for the provision of the following services:**
  - **Individual & group therapy**
  - **Mental health chronic care clinics**
  - **Suicide prevention / intervention**
  - **Weekly rounds in segregation & protective custody units**
  - **Medication management**

Overview of Mental Health Treatment

- **Current breakdown of mental health scores within MoDOC:**
  - MH-1: No current MH treatment needs (10,662)
  - MH-2: Mild level of MH treatment needs (14,307)
  - MH-3: Moderate level of MH treatment needs (4,048)
  - MH-4: Serious level of MH treatment needs (271)
  - MH-5: Severe level of MH treatment needs (28)
  - * No Score assigned (1,900)

Overview of Mental Health Treatment

- **At present, MoDOC is improving the manner in which it approaches discharge planning for offenders suffering from serious mental illness.**
  - **Development of an improved Department policy related to MH discharge planning**
  - **Continued work with various agencies to improve continuity of care**
    - **Department of Mental Health**
    - **Department of Social Services**
    - **National Institute of Corrections**

Role of the Community Mental Health Treatment Provider

Laurent Javois, MA

Deputy Director

Missouri Division of Comprehensive Psychiatric Services

Role of the Community Mental Health Treatment Provider

- **DMH Community Mental Health System Structure:**
  - **Service Areas (25)**
  - **Administrative Agents (22)**
  - **Affiliates (8)**

Role of the Community Mental Health Treatment Provider

Administrative Agent Target Population:

- Adults with serious mental illnesses
- Forensic clients
- Persons with acute psychiatric conditions

Administrative Agent Priority Population:

- Discharged from inpatient psychiatric care
- Transitioned from residential settings
- Enrolled in Supported Community Living

Role of the Community Mental Health Treatment Provider

DMH Service Categories:

- **Purchase of Services (POS)**
- **Community Psychiatric Rehabilitation (CPR)**
- **Targeted Case Management (TCM)**
- **Supported Community Living (SCL)**
- **Access Crisis Intervention (ACI)**

Role of the Community Mental Health Treatment Provider

- **Purchase of Services:** A wide range of services including assessment, case management, medication administration, consultation, crisis intervention, day treatment, individual and group therapy, and respite care.

  Eligibility: Diagnostic and Statistical Manual diagnosis (excluding V codes, primary diagnosis of mental retardation, other developmental disability or substance abuse)

Role of the Community Mental Health Treatment Provider

- **Community Psychiatric Rehabilitation:** Rehabilitative services including evaluation, community support, crisis intervention, medication management, medication administration, consultation, and psychosocial rehabilitation.

  Eligibility: Meets disability and duration requirements. Has one of following diagnoses: schizophrenic disorder, delusional disorder, bipolar disorder, major depression-recurrent, obsessive compulsive disorder, post-traumatic stress disorder, borderline personality disorder, anxiety disorder.

Role of the Community Mental Health Treatment Provider

- **Targeted Case Management:** Services to assist persons in accessing treatment and support.

  Eligibility: Has a DSM diagnosis (same exclusions as POS). Meets one of the following criteria: psychiatric inpatient within last 30 days or 2 periods of psychiatric inpatient hospitalization within past 12 months; meets criteria for inpatient treatment or has been conditionally released from a psychiatric facility; enrolled in SCL program; recently discharged from CPR program; has acute psychiatric condition and/or has been served by Access Crisis Intervention (ACI) program.

Role of the Community Mental Health Treatment Provider

- **Supported Community Living:** Housing and support to enable persons to live in a variety of settings in the community. This includes nursing homes, residential care facilities, supported housing, independent and semi independent apartments.

  Eligibility: DSM diagnosis of schizophrenia, paranoid disorder, schizoaffective disorder, bipolar disorder, atypical psychosis, obsessive compulsive disorder, post traumatic stress disorder, borderline personality disorder, dissociative identity, general anxiety and panic disorders. Substantial impairment in social role functioning and daily living skills, forensic status. Inpatients at Department of Mental Health (DMH) operated facility.

Role of the Community Mental Health Treatment Provider

- **Access Crisis Intervention:** 24 hour crisis intervention available through nine hotlines across the state.

  Three primary components:

  - Telephone response
  - Mobile crisis response
  - Next day appointment

Role of the Community Mental Health Treatment Provider

- **Guidelines for Mental Health Professionals:**
  - **Same as Guidelines for Substance Abuse Professionals**
  - **Learn about DOC treatment and other services**
  - **Get acquainted with DOC referral sources and processes**
  - **Learn about working with offenders (special issues, promising interventions)**
  - **Enhance cross-system coordination skills**

Cont'd

Role of the Community Mental Health Treatment Provider

- Develop screening and assessment capacity for substance abuse issues
- Provide a welcoming atmosphere to offenders
- Provide good customer service to PO's
- Learn the language of DOC
- Emphasize communication and coordination with other service providers
- Respect HIPAA—but don't hide behind it

Questions?